

**Title:** Utilizing peer counselors in prenatal clinics to decrease perinatal HIV transmission

**Health department/organization:** Family Planning Council/Circle of Care

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**Goal:** Linkage to and maintenance of care for HIV-infected women

**Program type:** Provider training

**Collaborators:** Other HIV/AIDS program staff; MCH partners; hospital administration

## Background/Objectives

The Perinatal HIV Transmission Prevention Initiative provides a continuum of care and supportive services to HIV-positive, pregnant women in the Philadelphia area. This care continuum includes providers (doctors, nurse practitioners, pharmacists, nutritionists) with HIV specialization, and HIV case managers with experience in maternal and child health issues. Over 80% of the women enrolled in the program are diagnosed with HIV during their pregnancy. These women are often overwhelmed by the effects of HIV on their lives: the complexity of the clinical care associated with HIV management, specifically medication regimens, the social implications on current and future personal relationships, and most importantly, fear for the lives of their unborn children. It was necessary to institute an additional component to the care continuum that bridged clinical care, education, and emotional support for HIV-positive, pregnant women.

## Methods

HIV-positive women who had given birth after formal HIV diagnosis were recruited to become specialized peer counselors for the Perinatal Initiative. Some were recruited from care sites within the Circle of Care's Provider Network,

others were recruited from formalized consumer-training programs within the Philadelphia metropolitan area. Each peer counselor had to be comfortable disclosing her status to newly diagnosed pregnant women in the clinical setting, share her experiences, and offer herself as a resource, an advocate, an educator, and a personal supporter. Pregnant women who accepted the services of the peer counselor signed consent forms that allowed intraprovider sharing of information (inclusive of the peer counselor) for the purposes of enhancing the cohesiveness of the continuum of care for each HIV-positive, pregnant woman within the care network. Peer counselors and case managers share a database, where information pertinent to care (viral load, social support systems, past addictions, disclosure issues) can be entered and reviewed by the care team, and can be utilized during formal case conferencing.

## Results

Out of 9 delivering hospitals in the Philadelphia area, peer counselors have been placed in prenatal clinics in the 3 hospitals with the highest number of annual deliveries. Between January and December of 2004, approximately 82 women were enrolled in the perinatal program. Peer counselors encountered these

women at least 3 times in their pregnancies. Peer counselors disseminated social marketing materials in the clinics (5102 pieces), and also facilitated 16 educational presentations and seminars for HIV-positive pregnant consumers and their self-defined support systems, with their messages reaching over 150 people. Peer counselors were present with providers during medication adherence consults, and acted as medication reminders for over 20 women in the program, utilizing their personal experiences to assist consumers in overcoming the barriers to adherence (morning sickness, side effects, etc.) Additionally, the information entered into perinatal database by the peer counselors has enabled the Initiative to track 4 repeat pregnancies within the Circle of Care system, allowing the care team to initiate targeted adherence, disclosure, and prevention messages with these specific consumers.

## **Conclusions**

The peer counselor position is an invaluable component of the Perinatal HIV Transmission Prevention Initiative. Peer counselors bridge the gap between consumer and provider, layperson

and specialist. Circle of Care has determined this project to be successful due to the maintenance of clients within the care network, and their continual usage of peer counselors as resources, even after their pregnancies. Implementation of this project requires the buy-in of hospital administration, AIDS Service Organizations, and case management agencies. Challenges associated with the peer counselor program include health issues and recruitment/training facilities. Maintaining the health of the peer counselors on staff is an issue of major importance, and work hours should be made flexible to ensure proper rest and recuperation of the body. (Clinic days often require movement and interaction with consumers for approximately 5 hours nonstop.) Additionally, there are very few organizations that provide comprehensive training on the elements that make a truly proficient peer counselor: in-depth knowledge about HIV/AIDS (e.g., pathology, group presentation skills, listening for understanding). Circle of Care has created an in-service seminar tailored for perinatal peer counseling and associated skill building.